

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-670)

SERIAL NO.

FILING DATE

APPLICANT/

CLAIMS

NO.	AS FILED		AFTER 1ST ALLOWMENT		AFTER 2ND ALLOWMENT	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
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TOTAL NO.	66					
TOTAL O.F.	38					

NO.	O.F.	NO.	O.F.	NO.	O.F.
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